

CAPE MAY COUNTY DEPARTMENT of HEALTH

4 Moore Road
Cape May Court House, N.J. 08210-1601
(609)465-1187 after hours (609) 465-1190
Fax: (609) 465-3933



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Cape May County Department of Health is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information.

Effective Date of This Notice: April 14, 2003

I. How the Cape May County Department of Health may Use or Disclose Your Health Information

The Health Department collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of the Health Department, but the information in the medical record belongs to you. The Health Department protects the privacy of your health information. The law permits the Health Department to use or disclose your health information for the following purposes:

1. Treatment. To use your health care information to assess your condition in order to complete an examination to prescribe or provide treatments or plan a health care intervention. To coordinate your health care and consult with other health care providers involved in your care, and to manage your health care provided under the direction of the Health Department.
2. Payment. Information will be disclosed as needed to obtain payment for health services. This may include activities your health insurance may require or undertake to determine eligibility or coverage for benefits, medical necessity, utilization review activities, and information required as claims documentation. Information required by collection agencies, and third party payers to substantiate claims, and information required by indirect providers of health care to you to support their' claim for payment.
3. Regular Health Care Operations. The health care operations to support the business activities, and quality assessment activities, training of employees or health practitioners, reviewing the performance of health care professionals, medical review, legal services, auditing functions including fraud and abuse and compliance with regulations. Customer service, Appointment Scheduling, and use of sign in sheets at the registration desk. Information needed by indirect providers of health care to you to support their health care operations.
4. Notification and communication with family. To the extent that state law or other federal law is more restrictive with respect to our ability to use or disclose your health information, or to the extent that it affords you greater rights with respect to control of your health information, we will follow that law. This may arise under state law, for example, if your health information contains information relating to HIV/AIDs, mental health, alcohol and/or substance abuse, genetic testing among others. Unless you object, we may disclose your health information to notify a family member, your personal representative, or another person responsible for your care, about your condition, treatment or plan of care. If there are substantial communication barriers, and we cannot obtain consent, your health information may be disclosed if it is the health professional's judgment that you intend to consent under the circumstances.

Notice of Privacy Practices (Continued)

5. Public Health. As required by law we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
6. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
7. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding.
8. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
9. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.
10. Organ donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
11. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
12. Specialized government functions. If you are a member of the armed forces, we may disclose your health information as required by military command authorities.
13. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.
14. Marketing. We may contact you to provide appointment reminders or to give you information about other treatments or health-related benefits and services that may be of interest to you.
15. Change of Ownership. In the event that the Health Department is sold or merged with another organization, your health information/record will become the property of the new owner.

II. When the Health Department May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, the Health Department will not use or disclose your health information without your, written authorization. If you do authorize the Health Department to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information. The Health Department is not required to agree to the restriction that you requested.
2. You have the right to receive your health information through a reasonable alternative means or at an alternative location. The Health Department will make every effort to comply with your request. If to do so, places a financial burden on the Health Department, the cost will be your responsibility.
3. You have the right to inspect and copy your health information. The cost of copies will be your responsibility.
4. You have a right to request that Cape May County Health Department amend your health information that is incorrect or incomplete. The Health Department is not required to change your health information and will provide you with information about the Health Department denial and how you can disagree with the denial.

Notice of Privacy Practices (Continued)

5. You have a right to receive an accounting of disclosures of your health information made by the Health Department, except that the Health Department does not have to account for the disclosures described in section I: 1) Treatment 2) payment 3) health operations 12) specialized government functions of this Notice of Privacy Practices.

6. You have a right to a paper copy of this Notice of Privacy Practices. If you have questions about any part of this notice, or if you want more information about the privacy practices of Cape May County Health Department, or more explanation of your rights, or wish to exercise your rights contact: The Director Administrative Services Cape May County Health Department 609 465 1305, 465 1312.

IV. Changes to this Notice of Privacy Practices

The Health Department reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, the Health Department is required by law to comply with this Notice. The latest notice reflecting any changes in privacy policies will be posted in a prominent location at the Health Department, on the website, and available for individuals on request

V. Complaints

Complaints about this Notice of Privacy Practices or how the Health Department handles your health information should be directed to:

Director of Administrative Services: 609 465 1305 or 609 465 1312
Cape May County Health Department 4 Moore Rd. Cape May Court House N.J. 08210
Privacy Officer. Public Health Coordinator 609 465 1187.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>. The County of Cape May will not retaliate against you for any complaint you make to the government about our privacy practices.

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF
PRIVACY PRACTICES OF THE COUNTY OF CAPE MAY**

By signing this acknowledgement, I am acknowledging that the County of Cape May provided me information about its "Notice of Privacy Practices."

I was given the opportunity to ask questions about the privacy practices of the County of Cape May and my questions were answered.

I received a copy of the "Notice of Privacy Practices" of the County of Cape May.

Signed by:

Signature

Print Name

Date

Witness

Date